

Nutrition And



Update



July 2004

Nutrition and WIC Services

Ethel Chapell - 27 Years with WIC

Patrice Thomsen, WIC Program Consultant

Ethel Chapell, RN, retired in June after working with the Wyandotte County WIC Program for 27 years. With WIC celebrating 30



years of existence in 2004, Ethel Chapell was perhaps our longest-serving WIC employee in Kansas. Thank you, Ethel, for your dedication to the WIC Program and the families in Kansas! Following is a short interview with Ethel.

Q: Tell us a little bit about yourself.

A: I'm one of 12 children, the mother of five, grandmother of 14 and great-grand-mother of four. I was recently widowed after 44 years of marriage. I have worked in nursing for 41 years - most of the time in an obstetrics and newborn nursery. I have always been around pregnant women and babies!

Q: How and when did you come to work for WIC?

A: I answered an ad for a nurse at the Wyandotte County Health Department. On May 16, 1977, I began my long tenure with WIC. My birthday is on May 17, so I considered this a **wonderful** birthday gift. I wanted a job with pregnant women and children with no weekends or holidays and banker's hours! WIC gave me an opportunity to be with my children and attend all their happenings.

Q: What is your favorite thing about WIC?

A: My favorite thing was being near pregnant women and babies without doing it myself. I

just **had** to stop bringing babies home!

Q: Do you recall a particular incident from working in WIC that you'd like to tell us?

A: I remember hearing a mom fussing at her child nonstop. I heard a "boom," then a "thud." I ran to rescue her child - she threw him against the wall and he fell to the floor. Thus, began my association with Child Protection Services. Many months later, the mom **thanked** me for my intervention. She thought the child misbehaved after visits with his dad but he was actually developmentally delayed. Mom learned appropriate parenting skills and became an active advocate for other moms in the community.

Q: What are your plans for "life after WIC?"

A: I plan to continue working two days a week at the end of summer - hopefully in obstetrics or pediatrics and during "banking" hours. I also plan to expand my ceramics' business.

Q: Do you have any words of wisdom for other WIC employees?

A: It is okay to cry with a client. Sometimes my tears have showered flowers of maturity!

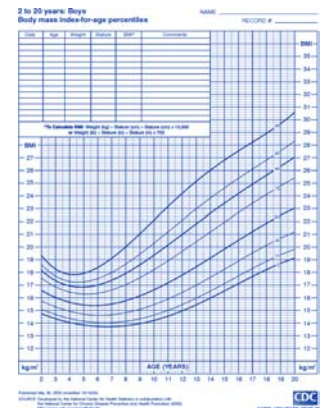
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Body Mass Index

Sandy Perkins, Maternal and Child Nutrition Consultant

The Kansas WIC Program has used Body Mass Index (BMI) to assess the weight status for all pregnant, breastfeeding and postpartum women for several years. With the implementation of KWIC, we are now also using BMI to assess the weight status for all children measured using a standing height. BMI is an anthropometric index of weight and height that is defined as body weight in kilograms divided by height in meters squared. BMI is commonly used to evaluate overweight and obesity in adults, only recently has it been recommended for use with children and adolescents. Like weight-for-stature, BMI is a screening tool used to identify individuals who are underweight or overweight. BMI is NOT a diagnostic tool.

$$BMI = \text{weight (kg)} / \text{height (m)}^2$$



Because BMI changes substantially as children get older, BMI-for-age is the measure used. The BMI-for-age chart shows age-related changes in growth. With the BMI-for-age chart weight, stature and age of a child are considered whereas with the weight-for-stature chart, only weight and height are used. After about one year of age, BMI-for-age begins to decline and it continues falling during the preschool years until it reaches a minimum around four to six years of age. At four to six years of age, BMI-for-age begins a gradual increase through adolescence and most of adulthood. The rebound or increase in BMI that occurs after it reaches its lowest point is referred to as "adiposity" rebound. This is a normal pattern of growth that occurs in all children.

Due to potential negative connotations associated with "obesity," "at risk of overweight" and "overweight" are the preferred terms. Using the 2000 CDC growth chart, at risk of overweight for children is defined as a BMI-for-age between the 85th and the 95th percentiles. Overweight in children is defined as a BMI-for-age at or above the

95th percentile on the charts. Weight-for-length is used to assess overweight in children between 24 to 36 months with a recumbent length, since only standing heights are used to calculate BMI.

At young ages, BMI-for-age has a weak association with adolescent or adult obesity. Therefore, infants and children under 24 months of age are not assessed for overweight or at risk of overweight. Underweight is a concern in infants and children and a either weight-for-length or a BMI-for age less than or equal to the 10 percentile are considered underweight.

BMI continues to be used to evaluate pregnant, breastfeeding and postpartum women for overweight and underweight risks. The criteria for pregnant women has not be changed and is still based on the 1990 Institute Of Medicine (IOM) report, Nutrition During Pregnancy, definitions of prepregnancy weight status.

Breastfeeding and postpartum women are now evaluated using the definitions from the 1998 National Heart, Lung and Blood Institute (NHLBI) Clinical Guidelines on the Identification, Evaluation and Treatment of Overweight and Obesity in Adults: a BMI less than 18.5 is considered Underweight and Overweight is a BMI greater than or equal to 25.

Pre-pregnancy weight is now used to evaluate overweight risk for breastfeeding and postpartum women for the first six months after delivery. In most cases, prepregnancy weight is a better indicator of weight status than postpartum weight in the first six months after delivery. Weight during the early postpartum period, when most WIC certifications occur, is very unstable. During the first four to six weeks fluid shifts and tissue changes cause fluctuations in weight. After six weeks, weight loss varies among women. Prepregnancy weight, amount of weight gain during pregnancy, race, age, parity and lactation all influence the rate of postpartum weight loss. By six months postpartum, body weight is more stable and should be close to the prepregnancy weight. The woman's current weight is used to evaluate underweight risk for all breastfeeding and postpartum women and overweight risk for breastfeeding women more than six months after delivery.

For the purpose of WIC eligibility determination, the IOM and the NHLBI BMI cut-off will be used for all women regardless of age. It is recognized that both the IOM and the NHLBI BMI cut-offs for defining weight categories will classify some adolescents differently than the CDC BMI-for-age charts. However, due to the lack of research on relevant

BMI cut-offs for pregnant and postpartum adolescents, professionals should use all of the tools available to them to assess these applicants' anthropometric status and tailor nutrition counseling accordingly.

Rally Against Hunger

Monica Meek,
State Vendor Manager

Far too many individuals in Kansas are unable to fill their plates with healthy, nutritious foods. June 3 was set aside to publicize this message and to rally against hunger.



Filling the Plate was the theme and title for the event held in Hutchinson, KS. The day long event brought many organizations together, who understand that the fight against hunger is a continual battle. Deb Wiley, Program Administrator with SRS, referred to a recent study by the Kansas Health Institute that found 40 percent of those potentially eligible for the Food Stamp Program were not accessing benefits.

This 40 percent also, may not, be accessing other outlets thus, the event provided an opportunity for organizations such as the Salvation Army, the Kansas Wheat Commission, Heartland Share, Campaign to End Childhood Hunger and the WIC program to provide individuals, families and representatives from various areas with information. Jeanne Ritter, the WIC/ Child Health Program Coordinator with Reno County said, "it was beneficial to have state-wide organizations present as well as the local agencies so that both the attendees and staff from every agency could benefit from the information provided."

She also said, “it was an optimal networking event with staff from the other agencies. The relaxed, inviting environment welcomed those driving by or shopping at the Dillons store to stop and receive information.”

Dillons, the Kansas Food Bank Warehouse and the Kansas Department of Social and Rehabilitation Services joined forces to bring this event together. The event, held at a Dillons store provided access to the organizations in one location. Dillons was chosen because it is a Kansas-based store. Choosing to hold the event at Dillons, provided an “opportunity to get beyond the traditional outreach sites and we could reach more people,” Wiley said. The 20 organizations that sponsored booths provided hand-outs and representatives who could answer questions. Wiley said, approximately 500 Food Assistance Program applications had been distributed.

The WIC booth was stocked with information about the program and nutritional information. Ritter and Robin Traffas both of the Reno County Health Department were on hand to answer questions. Many individuals interested in the program stopped to gather information, as well as WIC participants who expressed their gratification with WIC. Ritter said, “Two of the purposes of the event were to show ways to reduce hunger and improve nutrition. WIC addresses both of these perfectly. When I first heard about the event, I jumped at the opportunity to register for a table to promote the benefits of the WIC program.”

Activities provided beyond the organizations included a story hour for children, demonstrations and speakers. The highlight being, Governor Sebelius

speaking and signing a proclamation, proclaiming June 3, 2004 Hunger Awareness Day in Kansas.

“Kansas has always been active in Food Assistance Program Outreach,” Wiley said, “SRS, Dillons and the Kansas Food Bank all feel the event was a tremendous success. We are pleased about the Governor’s participation, the attendance from the public and the media coverage the event received,” Wiley concluded.

Events concerning hunger awareness will continue in the future in hopes of reaching more people and filling more plates.



Gardening Influences Children’s Views on Vegetables

The Effect of School Gardens on Children's Attitudes and Related Behaviors Regarding Fruits and Vegetables.

Sarah Elizabeth

Lineberger. (August 1999)

<http://schoolmeals.nal.usda.gov/Resource/farmentoschool.htm>

A study by researchers at Texas A&M University discovered that when four and five year olds spent around 30 minutes per week planting and tending to a garden, they became less likely to refuse vegetables when offered them. The children also increased their preference for green beans over other vegetables

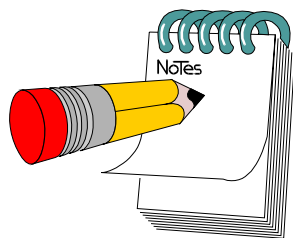
after spending eight weeks in a garden that included green beans.

The study found that many young children thought that foods came from a grocery store. The work in the garden allowed children to make a connection between the garden and their food. During the study, the researchers brought 22 children, age four and five years, to gardening plots for 30 minutes per week for eight weeks. The children planted green beans, bell peppers, radishes and cherry tomatoes. After planting the vegetables, the children watered the garden each week, weeded the garden and harvested their crop. After the gardening experience, the children were less likely to reject the vegetables they grew, and ranked some of the vegetables higher than before the gardening experience.

Top Ten KWIC Tips

List

Martha Hagen, KWIC Program
Consultant



10. Reissue Formula

Checks is used to exchange cans of formula or formula checks for a new type of formula only.

9. Once any check from a check set has been cashed, you can't change the food package for that month.

8. Change Category is used **only** for Postpartum and Breastfeeding clients.

7. **Double check** immunization dates when entering - once you save, the dates cannot be changed, not

even by the Help Desk.

6. If you get an error message that says "Call the Help Desk." **Call BEFORE** you click OK on the message so that you can read the message to the Help Desk. If you can't call right away, take screen shots of the error to have available when you call.

5. **Use** the On Line Help, the Training Manual, or KWIC Steps. If you have forgotten how to use a wizard or a KWIC function, check these helps first.

4. If you checked the On line Help, the Training Manual and the KWIC Steps and you are still in doubt.... **STOP!** Call the Help Desk - Help Desk Staff say, "It's better to confirm that you're about to do something correctly, than to have to call and admit you did it wrong. We're here to help, so give us a call."

3. **Read** the pop up messages! **AND Read** the message on the finish tab!

2. **Lose the trigger finger.** A frequent error that slows down the opening of KWIC Client Services is double clicking on Client Services after opening KWIC Applications On Line. It is easy to be fast with the index finger on the mouse and do two clicks so be sure to click just once on Client Services. If it does not open in 20 - 30 seconds, , then click once (just once) again on Client Services. A little flashing icon appears on the task bar if the program is preparing to open.

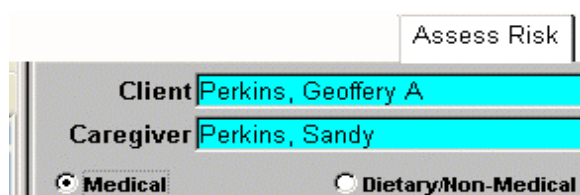
And the number one KWIC tip - drum roll please!

1. Make sure you have the right client! **Double Check** that name!

Nutrition Risk Factors

Sandy Perkins, Maternal and Child Nutrition Consultant

The conversion of the Kansas WIC program from the Covansys System to KWIC changed many aspects of every day WIC in the clinic. This includes major changes in the way Nutrition Risk Factors are assessed and documented. The most obvious change is that risk factors are now listed by name not as a code. The Nutritional Risk Factors manual provides the definition for each risk factor. The manual was distributed to each clinic during KWIC training in Topeka.



Risk factors are assigned by moving (including) them from the box on the left side of the screen to box on the right side of the screen on the Assess Risk tab in KWIC. Only risk factors which are valid for the client's category are available to assign. The risk factors are divided into two lists, which can be accessed by clicking on either the "Medical" or the "Dietary/Non-Medical" radio button located just under the Caregiver's name. The risk factors are listed in the same order on the Assess Risk tab as they are defined in the Nutritional Risk Factors Manual.

Some risk factors are auto-calculated by KWIC. The auto-calculated risk factors are assigned when the "identify new risks" button on the Measures tab is clicked-on. The automated risk factors have their own section in the Nutritional Risk Factors

manual and are included at the bottom of the "Dietary/Non-Medical" list on the Assess Risk tab. The CPA may determine that the auto-calculated risk was assigned or not assigned in error and manually assign (include) or unassign (exclude) the risk on the Assess Risk tab. Examples of when that would be appropriate include a child who was weighed in a cast, and KWIC assigned the risk factor for overweight, the CPA should document on the Measures tab that the child was weighed with the cast, and exclude the risk factor from the Assess Risk tab.

While the number of risk factors has dramatically increased, there are only two completely new risk factors in KWIC. Foster care is a risk for all categories and should be assigned to any WIC client who has entered into foster care or moved to another foster care home during the previous six months. History of large for gestational age infant birth is a risk factor for pregnant WIC clients who have any history of giving birth to an infant weighing nine pounds or more. Large for gestational age infant born at last delivery is the counterpart risk factor for breastfeeding and postpartum WIC clients. This risk factor should only be assigned based upon the most recent delivery. The other "new" risk factors in KWIC were created by dividing up the conditions that were lumped together as one risk factor code in the old system. For example, NRF-P - Medical Conditions that Jeopardize Nutritional Status has been broken down into about 20 different risk factors.

Look for more in depth information on risk factors in upcoming Nutrition and WIC Update editions.

Comprehensive Plan for Early Childhood Services in Kansas



Kansas state agencies, in partnership with professional organizations; community-based providers and families are working together to develop an integrated comprehensive plan for early childhood services. The Kansas Department of Health and Environment has received a two-year planning grant from the U.S. Dept of Health and Human Services - Maternal and Child Health Bureau, Health Resources and Services Administration. The planning effort is called the *Early Childhood Comprehensive Systems Grant (ECCS)*.

The goals for the ECCS grant are to assure leadership to the development of cross systems integration partnerships in support of early childhood (ages 0-8) practices in order to identify and address special needs, enhance children's health and to support early learning strategies for success in school; and to support state agencies and communities in their efforts to build early childhood service systems which address five key components.

The plan must address five key components of early childhood care, including:

1. Access to health insurance and a medical home

2. Early care and education/child care
3. Mental health and social-emotional development
4. Parent education
5. Family support

Work on this plan began in January 2003 when the Children's Cabinet initiated a strategic planning process during a two-day session. At this meeting, a group of 45 early childhood stakeholders from across Kansas convened to develop a vision and mission and identified strengths and weaknesses of the current systems.

The group's adopted vision is: *"All children and families have the possibility to access high quality, individualized support services. Multiple points of entry exist which provide a single, knowledgeable resource for coordination of service delivery. Communities have responsibility for the management of allocated funds and are held accountable to produce desired outcomes."*

In addition to the strategic planning process, work is continuing on the Kansas School Readiness Indicators Initiative. Members of this task force represent the Governor's Office, Kansas Action for Children, Head Start, Kansas Department of Education Student Support Services: Maternal and Child Health Director, and Child Care Administrator. These indicators will be built upon the ECCS strategic plan. Persons interested in further information about this initiative can contact Tracy Wohl, project manager, at 785-296-4536.

Local Agency News

New Employees:

Barton County: Jeannette Sanders, Clerk

Johnson County: Kara Stubbs, RD

Neosho County: Cathy Lockwood, RN

Neosho County: Kelly Rutledge, Clerk

Riley County: Omayra Pagen, Clerk

Sedgwick County: Sandy Unruh, RN

Shawnee County: Melisa Middendorf, RN

Shawnee County: Jana Deever, RN

Shawnee County: Ann Betty, RN

Waubunsee County: Becky Zeller, Clerk

Wilson County: Lenita Stanton, Clerk



Resignations:

Barton County: Becky Doll, Clerk

Leavenworth County: Karen From, RD

Neosho County: Mia Neely, Clerk

Sedgwick County: Debby Cabala, Clerk

Shawnee County: Ruth Reer, RN

Shawnee County: Kelly Sommers, RN

Sheridan County: Rhonda Sabatka, Clerk

Congratulations go to Diane Van Becelaere, RN and new IBCLC. Diane works in Crawford County and travels to Bourbon and Allen. This is a real plus to the Kansas WIC Program. State WIC staff are very glad to have an additional IBCLC in Kansas.

State Agency News

Congratulations to Monica Meek, State Vendor Manager on the birth of her son, James Nicolas Meek on March 2. James weighed 7 pounds, 7 ounces and was 20 ½ inches long.

The Right Wizard Makes KWIC Life Easy

Martha Hagen, KWIC Program Consultant

The wizards in KWIC don't wear pointy hats or use magic wands but they do simplify WIC services. Wizards provide a guide and link tabs and screens together that are needed for a common action. However, it is important to open the right wizard to complete the action you want for a client.

The **Pre-Wizard** is used to create a new client record or for resetting the initial contact date for a client that has been on WIC before and is now terminated. When the Pre-Screen Wizard is selected, the first step is to answer this question. Pre-Screen for New Client/New Group? Pre-Screen for New Client/Existing Group? or Pre-Screen for Existing Client? Choose New Client/New Group for all new clients. If pre-screening a new family of, for example, a mom and two children, pre-screen the mom first, selecting



New Client/New Group. Then highlight the mom on the Find Client Tab, select Pre-Screen, and select New Client/ Existing Group placing each child in the mom's existing group. If you are pre-screening a new baby, whose mom has been on WIC during her pregnancy, again select New Client/Existing Group.

Select Existing Client, if pre-screening a client who appears on your Find Client Tab, but has been terminated. Select the client on your Find Client

Tab, select Pre-Screen, then select Existing Client. This will reset the client's initial contact date.

The **Pre-Certification Wizard** is selected when a client is physically in front of you and your intention is to begin a certification for the client. Select Pre-certification if you are completing part of the certification and then passing the client to another staff person. Pre-certification can be used for new clients or for clients that are being recertified. The last staff person to see the client should select **New Certification** or **Recertification** as these wizards set a new eligibility date and save information to the flow sheet and client contact records.

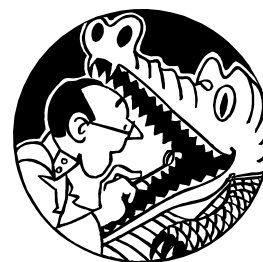
The **Presume Eligible Wizard** is selected for pregnant women only. The pregnant woman does not have to be prescreened first. The Presume Eligible Wizard allows any WIC clerk, nurse or dietitian to quickly put a pregnant woman on WIC so that she can receive checks for up to 60 days without a nutritional risk evaluation. Within 60 days the client must be scheduled for and receive a certification appointment using the **Complete Certification Wizard**. A nutritional risk

evaluation and nutrition education contact must be completed or the client will be terminated. Every effort should be made by clinics to schedule pregnant women for a certification appointment within the 10-day processing standard. The Presume Eligible Wizard should be used sparingly only in situations in which it is impossible to schedule an appropriate appointment. The wizard might be used by a traveling clinic that travels to a specific location only once a month and is unable to complete a certification appointment for a pregnant client who walks in at the end of the day. The Presume Eligible Wizard might also be used by a clinic in which an unexpected staff illness could cause cancellation of the pregnant client's certification appointment.

Know your wizards! Using the correct wizard makes life easier. After selecting the correct wizard, be sure to read the questions and pop up messages. For more information, review training materials, KWIC Steps, or use On Line Help.

Toothy Tidbits

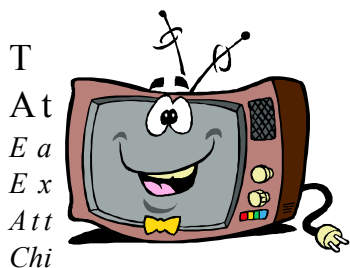
Pat Dunavan,
Nutrition Education Specialist



Researchers from Case Western Reserve University found a significant association

between obesity and periodontal disease, especially among persons between 18-34 years. According to the study published in the May 2003 Journal of Periodontology, the incidents of periodontal disease in obese individuals was 76 percent higher than those of normal weight.

Several factors including diet explain this apparent link. Previous research in dietary trends in this age group show a significant decrease in raw fruit and non-potato vegetables which are sources of Vitamin C. In addition, younger people often drink less milk and more soft drinks and non-citrus juices. Low intake of calcium and vitamin C has been associated with periodontal disease. Daily stress and social stigma associated with obesity were also found to contribute to periodontal disease in young adults.



TV Linked to Short Attention Span

*Early Television
Exposure and Subsequent
Attentional Problems in
Children.* Dimitri A.

Christakis, Frederick J. Zimmerman, David L. DiGiuseppe, and Carolyn A. McCarty, Pediatrics, Volume 113, No 4. April 2004, pp. 708-713.

Researchers have found that every hour preschoolers watch television each day boosts their chances by about 10 percent of developing attention deficit problems later in life. The findings support previous research showing that television can shorten attention spans and supports the American Academy of Pediatrics recommendations that children under age two not watch television.

The study, which appeared in the April 2004 issue of Pediatrics, focused on two groups of children, aged one and three. The study included 1,278 children at age one and 1,345 children at age three. Information from the National Longitudinal Survey of Youth was used as the data set.

Their parents were questioned about the children's TV viewing habits and rated their behavior at age seven using the hyperactivity subscale of the Behavioral Problems Index to determine attentional problems.

About 36 percent of the one- year-olds watched no TV, while 37 percent watched one-two hours daily and had a 10-20 percent increased risk of attention problems. Fourteen percent watched three-four hours daily and had a 30-40 percent increased risk compared to children who watched no TV. Among three-year-olds, only 7 percent watched no TV, 44 percent watched one-two hours daily, 27 percent watched three-four hours daily, almost 11 percent watched five-six hours daily, and about 10 percent watched seven or more hours daily.

The data showed that 10 percent of the children had attentional problems at age seven. In a logistic regression model, hours of television viewing per day at both ages one and three were associated with attention problems at age seven.

The researchers speculated that unrealistically fast-paced visual images typical of most TV programming may alter normal brain development. Research has shown that when newborn rats are exposed to differing levels of visual stimuli that the brain "wiring" looks different. It is thought that these changes in brain development, at critical periods of growth, are permanent. The overstimulation of the brain later leads to attention deficit problems and changes in social, emotional, and cognitive skills.

Web Sites of Interest

Pat Dunavan,
Nutrition Education Specialist



Check out these web sites for great WIC resources.

<http://breastfeed.com/resources/articles/scooponsolids2.htm>

This site is a great resource for parents who have questions about breastfeeding, child care, and nutrition in general.

<http://www.nal.usda.gov/fnic/pubs/bibs/gen/lowlit.html>

A resource list from the Food and Nutrition Information Center regarding nutrition education for low-literate teens and adults can be found on this

site. It includes tools for the assessment and evaluation of print education materials.

www.nichd.nih.gov

A new booklet from NICHD is available entitled "Adventures in Parenting: How Responding, Preventing, Monitoring, Mentoring, and Modeling Can Help You Be a Successful Parent." The book, with many other useful resources can be found under the heading of "Publications or may be ordered free of charge by calling NICHD Information Resource Center at 1-800-370-2943.

<http://www.co.mohave.az.us/WIC/sugar.htm>

If you have not checked out this website for the Arizona Mohave WIC program, give it a try. It is an innovator in using online nutrition education for its participants. This lesson reviews the role of sugar in the diet and the problems with over consumption. Be sure to check out some of their other lessons following the links provided.

www.nal.usda.gov/wickworks/Databases/formula_database.html

The WIC Works Resource site now has an online listing of formulas available for use in the WIC program. The site provides up-to-date manufacturer and product information on infant formulas, exempt infant formulas, and medical foods approved by USDA. The database will be reviewed and updated semiannually. While all of these formulas have been approved by USDA, not all are on the Kansas WIC program. Be sure to check the KWIC database for the most current listing of approved formulas.



<http://www.ucopprc/dictionary.p>

[.edu/cdf](http://www.ucopprc/dictionary.p)

Ever wondered what a certain Spanish word means on a diet recall? Or wonder what word to use to explain something on infant care to a Spanish speaking participant? Then, check out this dictionary which lists commonly used words for medical and nutrition procedures and conditions. It may help in your next counseling session.

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